

Medi-Cal & HCR Monthly Update

Bureau of Program and Policy

2016 – 3rd Edition



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Did You Know???

Senate Bill (SB) 75 is HERE !!!

Full Scope Medi-Cal for ALL children

Senate Bill (SB) 75 was implemented in May 2016. The Bill provides full scope Medi-Cal (MC) to ALL children under the age of 19 regardless of immigration status.

This means that undocumented children under 19 are now eligible to full scope Medi-Cal, if all other eligibility requirements are met.

Mark Your Calendar



The implementation of SB75 is scheduled for May 16, 2016.

SB75 Population

Children under the age of 19, without satisfactory immigration status, have been divided into two groups:

- **Transition** — Receiving restricted scope MC.
- **New Enrollees** — Not enrolled in MC.

Children receiving restricted scope MC should be automatically switched to full scope MC upon implementation of SB75; while children that apply after the implementation of SB75 should be approved for full scope benefits based on their application date.

System Automation

LEADER and LRS are programmed to automate the transition process from restricted to full scope MC.

CalHEERS is programmed to determine full scope Medi-Cal eligibility for children under 19 who do not have satisfactory immigration status or who fail the verification of citizenship or satisfactory immigration status.

Eligibility staff must continue to update the necessary fields in LEADER/LRS when a beneficiary reports a change to their immigration status.



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Aid Codes

No new aid codes have been created for the implementation of SB75.

Existing full scope aid codes are to be used for the transition and approval of benefits for all children under 19.

Managed Care Enrollment

Children that are approved or transitioned to full scope Medi-Cal are required to enroll in a Managed Care Plan.

Managed Health Care Plan packets are mailed to this population once in full scope.

New Enrollees...

- Receive Fee For Service (FFS) upon approval.
- Receive a managed care enrollment packet once approved for full scope.
- Have 30 days to select a plan.
- Have a plan selected for them if they fail to enroll within 30 days of approval.

*** Transition Population...**

- Receive FFS during month of transition.
- Receive a managed care enrollment packet once transitioned to full scope.
- Have 60 days to select a plan.
- Have a plan selected for them if they fail to enroll within 60 days of approval.

* Children who turn 19 within six months after their transition or approval should receive Fee For Service (FFS). They have the option to voluntarily enroll in a Managed Care Health Plan.

Eligible For One Day, Eligible For The Month

- Children who turn 19 on the **second** day of the month **qualify** for SB75 and should be evaluated for full scope benefits.
- Children who turn 19 on the **first** day of the month **do not qualify** for SB75 and should be evaluated for restricted benefits.

Examples:

Children who turn 19 between June 2 through June 30, 2016, are eligible for full scope benefits in June 2016.

Children who turn 19 on June 1, 2016, are not eligible for full scope benefits under SB75.

Requests For Retroactive Medi-Cal

Retroactive requests that include any months prior to May 2016 should be approved for restricted scope.

Example:

Application submitted in July 2016 with a request for retro for April, May, and June 2016.

Eligibility Results:

May and June 2016 should be approved for full scope benefits and April 2016 should be approved for restricted scope benefits.

Notices of Action (NOAs)

LEADER and LRS have been programmed to generate and send the appropriate approval or change NOAs to this population.

